Columbia University School of Nursing

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ANNUAL REPORT 2007

Health Policy Today and For the Future

contents

2007 annual report

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Design
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Letter from the Dean

Several years ago, our faculty determined that translational scholarship would be the defining model of our work and our contributions. The model subsequently developed and adopted begins with the linear "bench to bedside" or research to practice, which academic medical centers have long attempted to follow. Our model begins with research, and the next step of developing practice guidelines to incorporate new research into beneficial care of patients, but it goes further. Once the translation to practice is made – always tenuous and difficult – sometimes taking decades to accomplish, the proven new care regimens or interventions must then be incorporated into policy in order to assure broad adoption across the universe of all clinicians whose patients can benefit. Once adopted in policy, these new and advanced practice protocols must also be included in the constant process of curricular revision in schools educating clinicians. This four step process is dynamic; new policy and curricular recognition leads inevitably to new research built on these advancements. Clinical care moves forward, inexorably, to evidence-based care improvements.

Columbia nursing faculty are expert in all four steps of this process, and are remarkably able to use their specific skills in collegial models to achieve the evidence-based care models so necessary in today's medical care and health-related endeavors. We have eminent researchers, expert clinicians capable of implementing new research in their own practices, superb curricular and teaching faculty, and some of the best and most capable policy professionals in any health professions school. You will read in this issue about the remarkable work of Kristine Gebbie, DrPH, Elizabeth Standish Gill Professor of Nursing. A seasoned state and national governmental pioneer in policy development, Kris came to Columbia with the ability to transform how our research and practice initiatives could be advanced and anchored in new and important ways. As you read about her work, think about the stunning way this faculty has woven the rich fabric of strong scholarship here at Columbia. Research is the necessary grounding for this model, and clinicians are the instrument to embed new science in better care; but it also takes gifted educators to build evidence-based learning models, and policy experts to take it outside the medical center to the world. We celebrate every individual's contributions and hope you will enjoy reading how it all works when the pieces are carefully crafted and linked together.

Mary O'Neil Mundinger, DrPH
Dean and Centennial Professor in Health Policy

Mary O'Neil Mundinger, DrPH

photo by Catherine Gibbons


SCHOOL OF
NURSING

A Q&A on Health Policy with

KRISTINE M. GEBBIE, DrPH

Elizabeth Standish Gill Professor of Nursing

Few nurses have had as much impact on health policy as Kristine Gebbie. Dr. Gebbie first rose to prominence in the late seventies, when she was the top public health official in the state of Oregon. The first nurse to lead a health department in any state in the union, she strengthened Oregon's emphasis on prevention and awakened the populace to the growing threat of AIDS. Aftrr a decade, she was appointed Secretary of Health in neighboring Washington, where she led a war on tobacco and advocated for universal health care. In 1993, she was thrust into the national limelight as the country's first National AIDS Policy Coordinator, or "AIDS Czar," serving under President Bill Clinton. Although Dr. Gebbie's tenure was marred by politiral infighting, she widened dialogue about the epidemir, moved federal agencies to implement existing AIDS policies, and persuadrd policy makers to improve strategies for vaccine research.

Dr. Gebbie joined the School of Nursing faculty in 1995 in order to focus more on policy and less on politics. At Columbia, where she is the Director of the Center for Health Policy, hrr policy work has focused on emergency preparedness and on public health workforce and infrastructure issues.

Dr. Gebbie is regularly called to serve as a health policy adviser for state, national, and intrr-national organizations, such as the Institute of Medicine and the World Health Organization. Last year, she was one of 27 health experts invited to join then-Governor-Elect Eliot Spitzer's health care transition team, which advisrd the newly elected governor on the major health care challenges facing the state.

Q Governor Spitzer's health care transition team included representatives from hospitals, the insurance industry, a union, a nursing organization, a mental health association, an advocacy group, and a community health center. Where did you fit in?

A Two or three of us seemed to be relative newcomers to this group and were apparently selected to make sure a broad range of issues was represented. I was one of a handful focused on prevention and public health infrastructure. I was also one of the few people whose background was nursing.

Q Was your view of health care reform out-of-step with the others?

A No. It was a pleasure to learn, the first time we met to raise issues for discussion, that I didn't have to be the first to say "prevention" or "public health," or that it was necessary to include all the health professions. Many people around the table shared those views.

by Gary Goldenberg

photos by Charles Manley

Promoting Public Health, One Drop of Water at a Time

A new School of Nursing project blends law, public health policy, dental public health, and political science to advance community water fluoridation

At the height of the Cold War, communists were supposedly lurking everywhere; in our academies, political parties, entertainment industries, and unions. No segment of society was free from the Red Menace — not even the public health movement to fluoridate our water supplies in order to prevent tooth decay. (Apparently, that was just a ruse for poisoning entire towns and cities.) Fears ran high enough to derail what was perhaps the most effective dental public health measure ever conceived.

Today, a new generation of anti-fluoride activists continues to muddy the waters, raising assorted alarms about the dangers of "mass-medication." As a result, more than 100 million Americans still do not have access to fluoridated

Q That's not always the case on policy committees?

A It is unbelievably depressing to those of us who are interested in prevention how hard it is to get it on the table. It's because of the trillion dollars plus that we spend on illness care, and the fact that we are so technologically focused in this country. Technology — in the form of vaccines and water sanitation, for example — does help prevent illness, but much of what it takes for people to stay healthy is more complex and labor intensive, and it involves the public health system as well as the medical care system.

Q Among such a diverse group, were there shared concerns?

A It was interesting how quickly people jelled around some issues, such as the structure of state government, which is very siloed. This mitigates against some of the most important policy challenges in health and illness. For example, someone who has a chronic relapsing condition called "addiction" may be getting treatment from the Office of Substance Abuse, the Office of Mental Health, and from Medicaid. We separate it all, while what is needed is a horizontal approach to care.

Another common concern was about the size and structure of the health care workforce, in other words, what kind of investment is the State prepared to make to see that we will have workers we need in the years ahead?

Q What did you bring to the table at these meetings?

A I brought to the table the strong request that we keep the focus on having a healthier New York — not a healthier New York medical system, not a healthier New York payment system. You can work on structure and payment while building a healthier New York, but not necessarily the reverse. Second, that we can't accomplish any of this without infrastructure investments, for example, making sure we have good local health departments and good information systems — not sexy but important. The third point I made had to do with workforce planning.

Q I guess that you were pleased to hear the Governor's first speech on health policy, which was entitled, "Patients First." In it, he said, that "every decision, every initiative and every investment we make must be designed to suit the needs of patients first."

A I would only have wished he had said "people first" not "patients first." It speaks more about caring about them before they come into the illness system. But, in general, his message was very consistent with our group's suggestions and I was pleased.

Q Are your concerns about the workforce being addressed?

A It's not clear. The Governor has clearly taken an interest in education, wanting to make the state university system world class. We've got a big university system, but nobody would list any of the SUNY campuses alongside those in the University of California or University of Michigan system. It's interesting that many of the top nursing schools in the country are in places with strong state educational systems. With state resources behind them, those schools can make substantial contributions to the workforce and other nursing issues.

Q In 2006, then-Governor Pataki's Commission on Health Care Facilities in the 21st Century [commonly known as the Berger Commission] recommended the closure of numerous hospitals and nursing homes around the state. How did this figure into the discussion?

A One of the interesting agreements among our team members was that the Berger Commission wasn't on the table. The group knew there were headaches with it, but the closures needed to happen, and this wasn't the time to have a fight about it.

Q Are you optimistic about the prospect for significant health care reform in New York State?

A I think Spitzer's health care team is headed in the right direction. We had a do-nothing governor with regard to health care, and a health commissioner who either wasn't interested in or wasn't able to challenge his do-nothing attitude. It's refreshing to see an activist approach to health care in New York, which we haven't seen since the Cuomo administration. It's also encouraging now that under Mayor Bloomberg, New York City has a very strong activist health commissioner [Thomas Frieden] on the model of some historic greats in public health. We haven't had that in the city for years either. If they can pull together, there is almost nothing that can stop us!

Q Can New York achieve significant health care reform if the federal government does not?

A The one thing that is untouchable at a state level is Medicare. What Medicare does shapes everybody and everything, especially in hospital care. That said, New York has a big enough economy and big enough health care system that it could work around Medicare to accomplish what it wants, just as California and Massachusetts are trying to do. If those three states make substantial progress, that will force the question nationally. The smaller states will see it can be done and will then turn to Congress and say, make it happen for all of us.

Q You're regularly involved in other policy work, locally and nationally. What's on your agenda at the moment?

A I'm working on a New York State Department of Health task force that is looking at how we are going to staff the 50-plus local health departments

water, according to the Office of the Surgeon General.

That may soon change, thanks in part to a new School of Nursing project that aims to give public health officials the legal tools they need to promote community water fluoridation.

"Every time people in public health try to advocate fluoridation, they run into a political buzz saw," explains the project's principal investigator, Kristine Gebbie, PhD, the Elizabeth Standish Gill Professor of Nursing and Director of the Center for Health Policy. "They don't know how to separate the scientific facts from the political fight."

Armed with a three-year, $200,000 grant from the Centers for Disease Control and Prevention (CDC), Dr. Gebbie and her colleagues will first identify all state statutes and local ordinances related to community water fluoridation, examining legal fluoridation initiatives and anti-fluoridation legal challenges. Based on this survey, the team will build a searchable, Web based database of laws and legislative processes around the nation. The database, in turn, will be used to develop resources that address how jurisdictions have

approached legal issues related to fluoridation, promoted regulation, or defended constitutional and statutory challenges. Model legislative and judicial approaches will also be created. Finally, project staff will be available for consultations with the CDC, national organizations, public health officials, advocates, and policy makers.

"At its core, this project is about strengthening the ability of public health officials to deal with a very complicated subject that is at the nexus of law, public health, and political science," says Dr. Gebbie, who struggled with this issue years ago as Oregon's top public health official.

For assistance with this multidisciplinary project, Dr. Gebbie will call on the oral health policy expertise of Burton Edelstein, MPH, DDS, Professor of Clinical Dentistry and Clinical Health Policy & Management at Columbia; the legal expertise of Benjamin M. Meier, JD, LLM, MPhil, Law Project Manager at the Center for Health Policy and a doctoral student at the Mailman School of Public Health; and the bioinformatics expertise of Jacqueline Merrill, MPH, DNSc, Associate Research Scientist in the Department of Biomformatics at Columbia.

over time. This is a particular challenge, since health departments have to compete with hospitals for their nurses, who are the backbone of local public health.

Q On the federal level?

A I've been involved with DHHS [the Department of Health and Human Services], helping states move to a higher level of emergency preparedness. One issue is when a state is having an emergency, how does it ask for help from other states? That has been well defined for things like fire trucks or search-and-rescue dogs or utility crews, but not for health and medical resources.

To do that, you need basically a "sales catalog," listing of what's available in public health state-to-state. I've been working since late last year on team typing — defining within public health and medical systems the types of teams that states might ask for, and then providing that information to the states so they can start assembling these teams.

This is part of a general change in thinking, in particular since 2001, about emergency preparedness and health care. The longstanding model was that emergency responders would go to the site of a disaster, say, where an airplane had crashed, bring in ambulances and deliver patients to the hospital — okay, problem solved. But we've learned from the anthrax scare of 2001, the hurricanes on the Gulf Coast, and other events, that you have to do much more. It's not just ambulances and emergency care — you have to look at how you staff a hospital if you suddenly get a big surge of patients, how a hospital would deal with a surge in patients at the same time it loses power, how you evacuate a multi-story nursing home with hundreds of patients, how you investigate large exposures to infectious diseases like SARS and then treat those who are ill.

Q You've also been involved with the Institute of Medicine with regard to the public health workforce?

A I just finished serving on an IOM committee that was asked by Congress to define the skills and knowledge needed by public health physicians, how many we need, and how we should pay for it. [The report, "Training Physicians for Public Health Careers," was released on June 6, 2007.]

Q Has enough attention been paid to workforce issues at the federal level?

A This administration has been virtually hopeless here. The Bureau of Health Professions has been decimated. The budget for developing the next generation of health professionals has been X'ed out by the administration at nearly every turn, and it gets put back in by Congress, but generally at a lower level than the year before. There is clearly no commitment to this issue. Most of us are taking headache pills and waiting until somebody new shows up.

Q Is that just a Democrat — one who served directly under President Clinton — speaking?

A I didn't come into government service with a strong party ideology. I am registered with the Democratic party, if anybody cares, but in my 11 years as health director of the State of Oregon, eight of those were working for a Republican. We had a very good relationship and got an awful lot accomplished. So, for me, party loyalty isn't automatic.

Q What would you like to see happen in health care locally and nationally in the next five or ten years?

A My dream would be eliminating the coverage question by some plan or combination of plans that assure a universal way to pay for care. That would then allow a much more meaningful dialogue on ways to achieve value for the money we spend — value being the combination of cost and quality and all of the questions on how to balance these two to achieve the highest possible level of health for our population.

Q Are you optimistic that we'll achieve meaningful health care reform in the near future?

A I guess that depends on what you mean by "near." I suspect it is very unrealistic to have more than incremental improvements in coverage in five years, with children being the first group included at all ages, in all states, for all conditions. After that, maybe ten years to get everyone else in, and for the reform that shifts our core interests to preserving and promoting health rather than responding to illness, as if death could be held off indefinitely. I see some slight shifts over a three-to-five-year period. But remember, I'm an optimist.

According to Dr. Gebbie, the project is a perfect fit for the School's Center for Health Policy, one of a handful of places around the country addressing how law can be used to advance public health.

Looking ahead, she says the project could serve as a model for tackling other thorny public health challenges, such as handgun safety and teen driving, "where there's a public interest in promoting health and safety that butts up against some people's notion of their rights, whatever they are."

below: Kristine Gebbie, DrPH, with Project Coordinator Robert F. Mahoney

ESSENTIAL HEALTH CARE IS EMINENTLY AFFORDABLE, AND THE BUSINESS CASE, AS WELL AS THE SOCIAL ONE, DEMANDS THAT WE TAKE ACTION.

Universal Health Care: Columbia Nursing's SOLUTION

by Gary Goldenberg

"Essential health care is eminently affordable, and the business case, as well as the social one, demands that we take action." So ends a novel proposal for universal health care crafted three years ago by policy experts at the School of Nursing. The "essential health benefit plan" is notable for its affordability, its focus on preventive and evidence-based services, and its inclusiveness, covering all Americans currently without health insurance. Ahead of its time and roundly ignored, the plan remains as pertinent as ever, and thus worthy of reconsideration as the nation searches for a solution to one of the great crises of our time.

As the 2008 presidential campaign unfolds, health care reform has once again moved to the top of the national agenda, second only perhaps, to the war in Iraq. While a few candidates have proposed detailed solutions for making health care accessible and affordable for all, debate about the issue has rarely risen above the level of platitudes and sound bites.

For inspiration, the candidates and their policy advisers would do well to take a look at a privately administered, network plan for universal health care devised by School of Nursing faculty during the last presidential campaign. (See "Essential Health Care: Affordable for All?" *Nursing Economics*, September-October 2004, Vol. 22, No.5.) Though the plan's numbers are a bit dated, the general thesis still holds: It is possible to provide "essential" health care services to all uninsured Americans at a reasonable annual cost — about $2,100* per enrollee, plus co-pays and out-of-pocket expenses limited to $1,500 per year.

* *2003 dollars, used throughout.*

"There is a need for a fresh approach to health care plans — one that recognizes the changes in health care, particularly the aging of America's population and the increased emphasis on prevention and treatment of chronic disease," explains Mary O'Neil Mundinger, DrPH, Dean and Centennial Professor in Health Policy, and lead author of the plan. "Because nursing has often been ahead of the curve in understanding and planning for these developments, we thought it was time for us to provide a blueprint that would help others to better understand and plan for the future."

The Columbia Nursing plan, apparently the first to be offered by nurses, is based on the experience of a group of nurse practitioners with (at the time) a ten-year history of practicing independent primary care in New York City, with Medicaid, Medicare and commercially insured populations. This includes the pioneering CAPNA (Columbia Advanced Practice Nurse Associates) practice, located in midtown Manhattan.

COST-SAVING MEASURES

Several aspects of the plan would keep costs manageable. First, enrollment would be mandatory. Everyone without health insurance

If everyone were covered for prevention, chronic illness, management and early detection of potentially costly illnesses, then insurers would be less likely to limit coverage for these services.

would be required to obtain basic coverage, either individually or through their employers. This would ensure that the risk pool would mirror the general population, a prerequisite for any financially viable health plan. In this way, high-cost chronically ill patients would be counterbalanced by the inclusion of healthy young adults, who often choose to forgo coverage.

"This mandatory coverage approach, similar to a requirement that drivers carry car insurance, is certainly not without significant social, financial, and policy implications," admit the authors, who include Edwidge Thomas, DrNP, Assistant Professor of Clinical Nursing; Janice Smolowitz, DrNP, EdD, Associate Professor of Clinical Nursing; and Judy Honig, DrNP, EdD, Associate Professor of Clinical Nursing. "It will, however, make universal insurance affordable... This issue will arise in any strategy to cover 100% of the population."

A cornerstone of the plan is its emphasis on prevention, which promises to save money in various ways. "The uninsured more often present with health crises that are costly to themselves, as well as to the system," the authors contend. "Many, if not most, of these crises could be prevented with early detection of new problems or effective management of existing ones."

The benefits of universal coverage and prevention would reverberate around the entire health care system. "Preventive care and effective chronic illness management can be quite expensive to provide," the authors note. "Because patients change insurers often, there is a financial deterrent for any insurer to cover these services unless all insurers do so. If everyone were covered for prevention, chronic illness management, and early detection of potentially costly illnesses, then insurers would be less likely to limit coverage for these services. The benefits, universally provided, would accrue to all benefit plans regardless of patients switching between insurers. Individuals would bring with them the health benefits from earlier prevention/management/detection, and the aggregate costs to the system would decrease, perhaps dramatically. This is true for all populations, most of all the uninsured."

Low co-pays for preventive care (e.g., screening, counseling, education, and immunizations) and high co-pays for emergency services would provide further incentive for enrollees to get timely and appropriate care.

EVIDENCE-BASED CARE

The plan also calls for participating clinicians to provide care within established evidence-based guidelines, a recipe for limiting the amount of futile or unnecessary services. This would require a cultural change in health care, however. "Clinicians ... still find it difficult to say no to patients' demands for care, drugs, testing, or new technology deemed (by the patients) as a health care right... In the current environment of expanded choice and litigation triggered by denial of care, clinicians all too often defer to patient demands even though they may be fully aware that the treatment or tests have little chance of helping the patient or course of care," the authors acknowledge.

"With the growth of evidence-based practice guidelines, and a growing awareness in the public that not all care is beneficial, this is more possible today than even a few years ago," the proposal continues.

It has already been demonstrated that it's possible to modify even the most entrenched clinician and patient behaviors. "In pediatrics, we've had this problem for a long time, for example, with parents demanding antibiotics for every child with a runny nose," says Dr. Honig, a pediatric nurse practitioner. "In the 1990s, our field took on this issue by educating providers and the public, significantly reducing antibiotic use. It's complicated but doable. This is what nurses are so good at."

It has already been demonstrated that it's possible to modify even the most entrenched clinician and patient behaviors. It's complicated but doable.

This is what nurses are so good at.

Evidence-based guidelines would also figure in the plan's prescription drug benefit, which would cover only generic medications, except in the few instances when a brand-name medication is demonstrably more effective, or when there is no generic substitute.

WHAT'S NOT COVERED

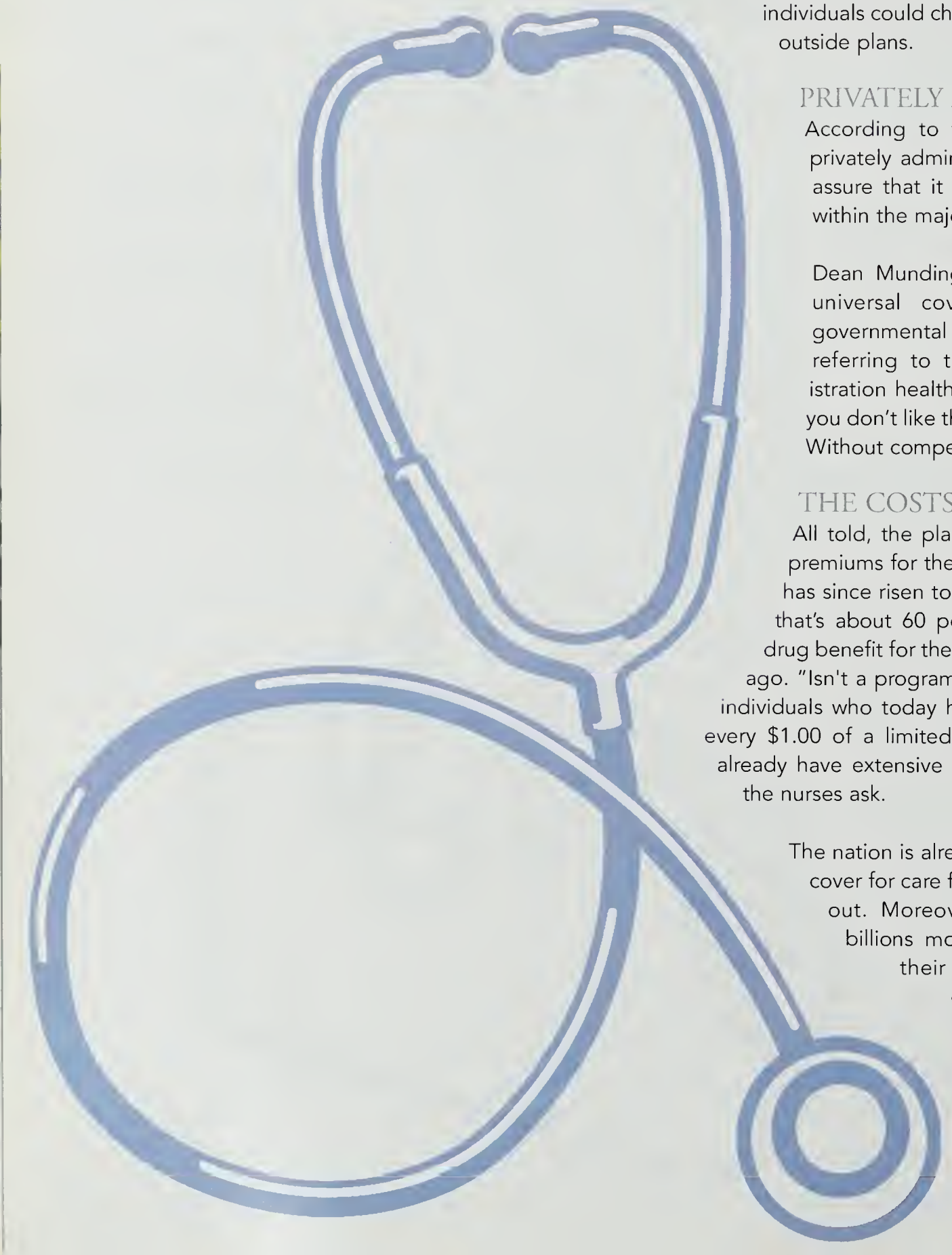
The plan would not cover such a variety of services, including several the authors consider "beneficial," a necessary compromise for achieving broad coverage. "Many uncovered services are either utilized primarily by the Medicare population (podiatry, hearing aids, durable medical equipment) and are therefore already covered for those individuals, or are needed by a minority of beneficiaries (transplant, the newest generation of drugs), or are of questionable medical value (cosmetic surgery)," according to the proposal.

"Everybody's scared of the idea of rationing health care," says Dr. Mundinger. "But we have to ration what is a scarce resource. It won't be a thoughtless process. It will come down to

evidence-based medicine, considering how much a person would benefit from a particular intervention, and how many years of life it would be adding."

"On this campus, we're doing transplants on people over the age of 70," she continues. "There's something wrong with that, from a cost-benefit perspective. On the other hand, people in their 90s are getting joint replacements. If that keeps them active and independent and out of a nursing home, it is well worth it. It has to come down to evidence."

"The plan may not be ideal for everybody, but we would not be leaving anyone out," adds Dr. Honig. "Beyond that, that is where the American way comes in" — meaning that employers or individuals could choose to enhance the coverage with outside plans.



PRIVATELY ADMINISTERED

According to the authors, the plan should be privately administered, allowing market forces to assure that it "remains competitive and flexible within the major health insurance market."

Dean Mundinger, for one, is against achieving universal coverage through a single-payer governmental system. "Look at the VA," she says, referring to the oft-derided Veteran's Administration health system. "Or the Postal System. If you don't like the service, you don't have a choice. Without competition, accountability is at risk."

THE COSTS

All told, the plan would cost $89 billion a year in premiums for the 43 million uninsured (a figure that has since risen to 45 million). For some perspective, that's about 60 percent more than the prescription drug benefit for the elderly passed into law a few years ago. "Isn't a program of broad essential health care for individuals who today have no insurance worth $1.60 for every $1.00 of a limited drug benefit for individuals who already have extensive comprehensive health coverage?" the nurses ask.

The nation is already paying this much and more to cover for care for the uninsured, the authors point out. Moreover, the uninsured incur tens of billions more in other economic costs from their lack of coverage, including disability and lost work.

"Hidden in the premiums of the insured is the cost of care of the uninsured," the authors add.

"This subsidy would no longer be needed if everyone were covered. The savings, therefore, would accrue to the currently insured, to employers who carry much of the cost, and to all the uninsured who today suffer from avoidable illness and disability."

The authors do not specify who would bear the cost of the premiums. A good portion would be born directly by employers or individuals. People at the lower end of the socioeconomic stratum would probably need assistance in the form of public subsidies or tax breaks.

A SYSTEM TO BUCK

Dean Mundinger is hopeful that fundamental health reform is around the corner, no matter who becomes president. "I know the war [in Iraq] is overwhelming," she says. "But health reform is crucial. And not just in the payment structure. We have a whole system to buck."

As the authors write, the health of all Americans, not only the uninsured, depends on healing our ailing system of care: "The miracles of modern American medicine have raised the hopes of every citizen for a healthier, longer life. The promise of the continuing cascade of scientific breakthroughs is real, but better health still relies primarily on the low-tech system of care that prevents crises, protects against the ravages of poorly managed chronic illness, and advances health through assisting individuals to adopt healthier lifestyles. Optimally everyone would have access to this valuable generalist care, and to sophisticated technologies when their use has a reliable chance of adding benefit. Not only can this country afford to engage in developing such a system, but it cannot afford not to. A catastrophic benefit plan may be appropriate for extensive care in a crisis, but preventing expensive, debilitating outcomes depends on the availability of essential health care services."

If a health plan FALLS in the forest...

Except for a brief article on the *CBS MarketWatch* website, the School of Nursing's proposal for universal health care received no coverage in the mainstream media.

One organization that picked up on this oversight was the Center for Nursing Advocacy, which questioned why a "striking" proposal was ignored at the height of a president campaign in which health care was a major issue. In an unsigned piece, cheekily titled, "Maybe I wrote in invisible ink," the center wrote, "It is not a paucity of space in the nation's periodicals; without naming names, we think it is fair to say that a great deal of marginally important health news has been published in the last nine days. It is difficult to avoid the conclusion that the Columbia plan was largely ignored because of the professional status of those who created it..."

The plan also received coverage on NurseZone.com, where E'Louise Ondash, RN, commented, "If anyone thinks that designing a health insurance program should be left to the business folks, think again."

No one else seemed to notice. The question remains, why not?

2006-2007

in Review

Suzanne Bakken, DNSc

2006 July

Suzanne Bakken, DNSc, was awarded a new and exciting grant from HRSA for a study entitled "Wireless Informatics for Safe and Evidence-based (WISE) APN Care." The total award for three years is $614,160. The team also includes faculty members **Sarah Cook, DrNP; Leanne Currie, DNSc; Karen Desjardins, DrNP; Ritamarie John, DrNP; Nam-Ju Lee, DNSc;** and **Patricia Stone, PhD**. The grant activities include integration of patient safety concepts in the Entry to Practice and MS curriculum, as well as some associated faculty and preceptor training. The group will also design and implement software for reporting near-misses, falls risk assessment, and preceptor assessment of student use of wireless PDAs and telephones - equipment which will be provided by the project. Workshops for students, faculty and preceptors to train them in using the mobile devices for information retrieval and data collection are included in the grant.

Haomiao Jia, PhD

Amy Greenstein, MSEd, was named Assistant Dean, Enrollment, at the School of Nursing. A member of the Office of Student Services since 2001, Ms. Greenstein is responsible for all recruitment materials and activities, for the applicant and student web-page and all applicant/student/graduate data. In her new role, she will have responsibility for strategic planning and implementation of all enrollment activities.

Haomiao Jia, PhD, joined the faculty as Assistant Professor of Clinical Biostatistics (in Nursing). His major responsibilities will include collaborating as a biostatistician with faculty on their research grant submissions and teaching a graduate level biostatistics course, which will provide DNSc students with the prerequisite necessary to take other advanced statistical courses in the Department of Biostatistics. Dr. Jia has a joint appointment in the Mailman School of Public Health, Department of Biostatistics.

Bernadette Capili, DNSc

Rachel Lyons, MS, PNP, is the 2006 winner of the CampusRN/AACN Scholarship. With a background in pediatric nursing, Rachel is enrolled in the Doctor of Nursing Practice program. She hopes to build on her past experiences working with pediatric patients and their families as she moves forward in her education as an advanced practice nurse.

August

Bernadette Capili, DNSc, was nominated to serve as a member of the American Heart Association and the American Academy of HIV Medicine Cardiovascular Disease/HIV Advisory Working Group. The working group was assembled in direct response to a need to review the relationships between cardiovascular disease and HIV. The group will focus on creating a dialogue between HIV specialists, cardiologists and metabolic specialists in order to establish professional and patient education

programs and to provide guidance to HIV clinicians and cardiologists managing antiretroviral-treated patients who may be at risk for adverse effects such as lipoatrophy and dyslipidemia.

Patricia Stone, PhD, was named lead editor of the *Annual Review of Nursing Research* (Volume 24), which is focused on patient safety. Dr. Stone is also co-author of a chapter on the intersection of patient safety and nursing research. In addition, **Leanne Currie, DNSc**, and **Suzanne Bakken, DNSc**, authored chapters on "Fall and Injury Prevention" and "Informatics for Patient Safety: A Nursing Research Perspective," respectively.

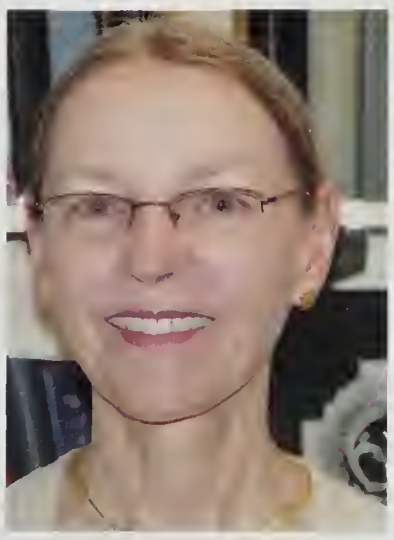
from left to right: Leanne Currie, DNSc, Suzanne Bakken, DNSc, and Patricia Stone, PhD

September

Suzanne Bakken, DNSc, received a National Library of Medicine grant of $170,000 to advance her multi-funded work in informatics to improve practice. The new award, entitled "APN Access to Electronic Resources for Quality and Safety" fills a significant role in developing data access. This will continue Dr. Bakken's national leadership in this critical area of scholarship.

Elaine Larson, PhD, was awarded $2 million for two years from the CDC to conduct a study on "Non-pharmaceutical Interventions for Pandemic Influenza." This most recent research award adds to the cascade of prestigious funding Dr. Larson has earned in her critical assessments and conclusions regarding infection control worldwide. Her work and her eminent presence in this area of global science greatly enhances the School's reputation.

The National Cancer Institute awarded **Suzanne Bakken, DNSc**, $424,000 for a study entitled, "Improving Use of CIS in the Underserved through Mobile Access and Decision Support." The overall goal of the grant is to determine if integration of resources from NCI's Cancer Information Service into an existing personal digital assistant (PDA) - based mobile decision support system for advanced practice nurses (MODS-APN) increases use of tobacco-related CIS resources by APN students and the underserved populations for whom they provide care. This funding adds faculty members **Anita Nirenberg, PNP, MS,** and **Joanne Staats, ANP, MS**, to the existing MODS-APN team.



Elaine Larson, PhD

Health and Human Services' Health Resources and Services Administration (HRSA) awarded **Kristine Gebbie, DrPH**, $488,000 as supplemental funding to Bioterrorism Training and Curriculum Development Program (BTCDP) to develop, pilot test, and evaluate a training program for all community-based health care providers in the nation to respond to a large public health emergency or mass casualty incident. CUSON is one of four sites developing and piloting this national strategy. The supplemental funds will allow the funded awardees to expand the reach of their training beyond the locality to include the entire nation.

October

Suzanne Bakken, DNSc, Alumni Professor of Nursing, has been elected to membership in the Institute of Medicine (IOM). Election to the Institute of Medicine is one of the highest honors in the field of health. The IOM structure is unique in its role as both an honorific membership group and advisory organization. Members are expected to volunteer on study committees which serve as a national resource for independent, scientifically informed analysis and to offer recommendations on issues related to human health. Only 45 nurses belong to the IOM, and of the 30 or so active in academic careers, Dr. Bakken's election brings the number of Columbia School of Nursing's faculty representation in the IOM to five.

November

The American Medical Informatics Association (AMIA) announced **Suzanne Bakken, DNSc**, as the recipient of the 2006 Virginia K. Saba Informatics Award. The Virginia K. Saba Informatics Award recognizes an individual's distinguished career with significant impact permeating the care of patients and the discipline of nursing. The award honors a professional with exemplary principles and practices and a substantial record of contribution to the field of nursing informatics. Among the criteria for nomination: the recipient has demonstrated the use of informatics to transform patient care; visionary leadership; goal impact; enduring contribution to professional practice, education, administration, research, and/or health policy; and a commitment to AMIA demonstrated through membership.

Kristine Gebbie, DrPH, the Elizabeth Standish Gill Associate Professor of Nursing, was named to the Health Policy Advisory Committee for Eliott Spitzer's transition office. The Policy Advisory Committees are composed of a diverse group of leading experts and thought leaders from throughout the state. They will advise the Governor-Elect, Lieutenant Governor-Elect and the transition team on the major challenges facing the state.

Phyllis Schefer

The School of Nursing announced that the **Rose Nadler Schefer Memorial Endowment Scholarship** fund has found a new home here. Originally endowed at Syracuse University, the principal was transferred to Columbia following the close of the Syracuse College of Nursing in May 2006. The fund is named for Rose Schefer, who became a nurse in 1942 and practiced until she passed away from breast cancer in 1984. Rose grew up in an orphanage and went to nursing school on a scholarship set up by one of the orphanage's benefactors. The scholarship was established in 1985 by **Phyllis Schefer** (BUS '94), Rose's daughter, to help people from similar backgrounds fulfill their dream of becoming a nurse. The scholarship is intended for students who grew up in foster care, a group home environment, or were raised in a single parent home.

Sookyung Hyun, DNSc, won the Harriet H. Werley Award for the paper making the most significant contribution to nursing informatics at the annual meeting of the American Medical Informatics Association. This is the fourth time in six years that a Columbia nurse-author has won this award. Faculty members **Suzanne Bakken** and **Leanne Currie** and alumna **Patricia Dykes, DNSc**, also played prominent roles at the meeting.

Sookyung Hyun, DNSc

December

The School of Nursing was awarded a grant from the **Stavros Niarchos Foundation** for $500,000 over two years to support a national credentialing process for the Doctor of Nursing Practice (DrNP) degree. This support will provide a critically necessary component to the expansion of the new clinical doctorate by helping to develop a strong and clear credentialing program which will advance patient care in the U.S. and abroad where this degree is being developed.

Columbia University School of Nursing, in partnership with the University of KwaZulu-Natal in Durban, South Africa, received funding from the Atlantic Philanthropies for a training program, "Enhanced Human Resources for Sexual and Reproductive Health: Continuing Professional Development of Midwives in an Era of HIV." This multi-million dollar initiative will be coordinated at Columbia by **Jennifer Dohrn, DrNP**. Dr. Dohrn will develop assessment tools to identify and prioritize learning needs of advanced nurse midwives, assist in the development of curriculum to address the identified clinical and didactic learning needs, train at non-hospital sites, evaluate the effectiveness of the training program, and collaborate on the development and production of ongoing seminars. This initial program will be for four years.

Jennifer Dohrn, CNM, DrNP

Jacqueline Merrill, DNSc, Associate Research Scientist, Department of Biomedical Informatics and Member, Center for Health Policy, School of Nursing, was selected to receive a 2006 Pfizer Scholars Grant in Public Health. Dr. Merrill was selected by an independent academic advisory board made up of top scholars whose focus was to encourage the development and promotion of talented scientists and researchers through support of their career development. The scholar grants are part of Pfizer's Medical and Academic Partnerships (MAP) grant program.

Jacqueline Merrill, DNSc (center) with Kristine Gebbie, DrPH (left) and Suzanne Bakken, DNSc (right)

Graduates of the Midwifery Program, 2006

Reva Feinstein, MPA

Reva Feinstein, MPA, joined the School of Nursing as the new Director of Principal Gifts. Reva will spearhead the School's $30 million campaign for financial aid and building renovation. She comes to us after sixteen years at Barnard College where she was a key participant in their successful $163 million campaign. She is a graduate of Wellesley and earned an MPA from the School of International and Public Affairs at Columbia.

Graduates of the School's **Midwifery Program** in 2006 submitted articles for the Clinical Rounds column in the *Journal of Midwifery and Women's Health (JMWH)*. This peer-reviewed journal accepted all of the student submissions for publication in each of the six issues to be published in 2007. This is a first for the *JMWH* and for a class of graduating School of Nursing students.

CUSON student **Millie Hepburn-Smith** was selected as a recipient for the TRANSFORM (Training and Nurturing Scientists for Research that is Multidisciplinary) T32 Certificate Award, part of the new Clinical and Translational Science Awards (CTSA) awarded to Columbia University. This is a one-year fellowship during which fellows will take research courses, attend the weekly TRANSFORM colloquium, and complete an individually arranged research practicum.

February

Suzanne Bakken, DNSc, Alumni Professor of Nursing, was selected as one of the most distinguished alumni of the University of California at San Francisco School of Nursing. In celebration of the school's centennial, Dr. Bakken was chosen from thousands of alumni to be recognized as one of the best on their Wall of Fame.

The ABC's of the Doctor of Nursing Practice conference, shown left to right: Judy Honig, EdD, DrNP, Donna Hathaway, PhD, Joan Shaver, PhD, Patricia Starck, DSN, and Janice Smolowitz, EdD, DrNP.

Bernadette Capili, DNSc, was selected for the Herbert and Florence Irving Fellowship. This position is available to promising young faculty who are developing their research careers and is part of CUMC's NIH-funded Clinical and Translational Science Award (CTSA). Fellows attend monthly meetings with CTSA faculty and will focus on mentorship and developing fellows to be future mentors for junior faculty. Dr. Capili joins ten other faculty members from the other three CUMC schools.

March

The School of Nursing hosted an invitational conference, "**The ABC's of the Doctor of Nursing Practice.**" Over 100 deans and faculty of schools of nursing from around the country came to hear **Mary O'Neil Mundinger, DrPH,** Dean; Donna Hathaway, PhD, Dean, University of Tennessee at Memphis; Joan Shaver, PhD, Dean, University of Illinois at Chicago; Patricia Starck, DSN, Dean, University of Texas at Houston; and Nancy Woods, PhD, Dean, University of Washington. The conference discussed assessing resources and readiness, building a culture of clinical scholarship and curriculum development. Other Columbia faculty presenting were **Judy Honig, EdD, DrNP; Janice Smolowitz, EdD, DrNP;** and **Mary Ellen Tresgallo, MS, DrNP(c).**

First year DNSc student **Rebecca Schnall, MBA, MPH,** won the American College of Legal Medicine's 2007 Hirsch Award for Outstanding Writing by a student in dentistry, podiatry, nursing, pharmacy, health science, health care administration or public health. Her paper was titled, "The Ethical Implications of Decision-making for the Treatment of Extremely Premature Infants at the Threshold of Viability."

April

Combined BS/MS students **Mindy Banker, Jocelyn Harris, Dorothy Hopton, Julia McBee,** and **Jessica Skelton** won the best student poster award at the Eastern Nursing Research Symposium (ENRS). The poster, entitled "Zinc Supplementation Reduces Duration and Severity of Diarrheal Episodes for Children in Developing Countries" was selected because of its practical importance and student presentation competence.

Two new members of the School of Nursing joined the Glenda Garvey Teaching Academy. **Leanne Currie, DNSc**, is Assistant Professor of Nursing. Students in Dr. Currie's "Assessing Clinical Evidence" course consistently rate her at the highest levels. Her most significant teaching accomplishment is in master's and doctoral core courses in the evaluation of clinical research studies and their application to practice. **Arlene Smaldone, DNSc**, is Assistant Professor of Nursing. Dr. Smaldone developed the content and syllabus for and lectures in the "Health and Social Policy" course, which has received high ratings from students. Students have recommended that the course be required in every school of nursing across the country.

Rebekah Ruppe, CNM

Several School of Nursing faculty members received Glenda Garvey Teaching Academy educational grants. **Kathleen Hickey, FNP, EdD**, was selected for her project "REAL: Remote Electronic Arrythmia Learning." **Penelope Buschman, CS, MSN; Marlene McHugh, FNP, MS,** and **Anita Nirenberg, PNP, AOCN, MS**, were selected for "Creating an Educational Partnership in Palliative and End-of-Life Care." This was the first award cycle of the Academy and the competition among all four CUMC schools was intense. The projects were peer reviewed by Academy members.

Nancy Reame, PhD

The American College of Nurse Midwives Foundation selected **Rebekah Ruppe, CNM**, to receive the 2007 Excellence in Teaching award. Ms. Ruppe was nominated by the midwifery students of 2006-2007. She will be honored during the awards ceremony at the ACNM Annual Meeting in Chicago.

Mary Byrne, PhD, MPH, FAAN, Professor, delivered the keynote address for the Morgan Stanley Children's Hospital of New York second annual Pediatric Nursing Research Symposium. Her presentation was entitled "Collaboration between Nurse Clinicians and Nurse Researchers: How Can Parallel Lines Cross?"

Kristine Gebbie, DrPH

As part of a Columbia University Medical Center four-school initiative, **Nancy Reame, PhD,** is co-investigator on grant, "The Impact of Social Inequities on the Complex Relationship between Oral Health and peripheral Vascular Disease: An Interdisciplinary Evaluation." The award is for $150,000.

May

Kristine Gebbie, DrPH, the Elizabeth Standish Gill Associate Professor of Nursing, was promoted to full professor.

Joyce K. Anastasi, PhD, DrNP, the Helen F. Pettit Professor of Clinical Nursing, received the 2007 Columbia University Presidential Teaching Award for teaching excellence. The Teaching Awards Committee received over 500 nominations for this prestigious award. Dr. Anastasi pioneered two subspecialty programs at the School, HIV/AIDS and Integrative Therapies in Primary Care. In addition, she is a highly productive researcher, securing continued NIH funding for over 10 years to conduct her research on the symptom management of HIV/AIDS and chronic illnesses. It is easy to understand why the Teaching Awards Committee selected Dr. Anastasi to receive this award with such quotes from students and colleagues: "Dr. Anastasi excels in all the roles she fills, as an educator, researcher and clinician. Her achievements are inspirational and superiorly demonstrate the standards of which her students are motivated and trained to achieve." "The breadth and depth of her knowledge can be summarized in her doctoral preparation in a traditional research PhD program, a doctorate in a new clinical program, and her academic preparation in Oriental Medicine. This triply-educated professor combines this wealth of knowledge and gives it back to students and peers alike in the form of innovative and impressive teaching."

Joyce Anastasi, PhD, DrNP

Marjorie Harrison Fleming, RN, BS, Class of 1969, Board of Visitor member and Chair, Capital Campaign, was awarded the Alumni Medal at graduation ceremonies on May 16. This award recognizes Ms. Fleming's long history of volunteerism and support for the School.

Marjorie Harrison Fleming '69

William T. Friedewald, MD, Board of Visitor member and clinical professor of Biostatistics and Epidemiology at the School of Public Health, was recently elected as one of the first fellows of the Society of Clinical Trials. Created in 1978, the Society is an international professional organization dedicated to the development and dissemination of knowledge about the design, conduct and analysis of government and industry-sponsored clinical trials and related health care research methodologies.

William T. Friedwald, MD

Suzanne Bakken, DNSc, Alumni Professor of Nursing, received a $895,425 grant from the National Institute of Nursing Research for pre- and post-doctoral training in "Reducing Health Disparities Through Informatics." The grant will provide stipends and partial tuition support for three pre-doctoral trainees and one post-doctoral trainee per year.

June

The New York Zero-to-Three Network selected Professor **Mary Byrne, PhD**, as the first recipient ever of the annual Emily Fenichel Award for Leadership in the Zero-to-Three Field in New York. Dr. Byrne is recognized for her exemplary contributions to infants and toddlers through practice, research, leadership and advocacy. The Award is given in memory of the former Associate Director of the National Center for Infants, Toddlers and Families.

Mary Byrne, PhD

Mary Byrne, PhD, was named to the **Stone Foundation and Elise D. Fish Professorship in Clinical Health Care for the Underserved**. This professorship was funded by the Stone Family Foundation, through the advocacy of alumna and Board of Visitors member **Sally Shipley Stone '69**, and through a gift from **Elise Dunlop Fish '35**, also an alumna. Care of the underserved may be the most daunting health challenge in this country, and Professor Byrne has been a pioneer in establishing the science to address those most vulnerable, infants and toddlers, who have been her dedicated mission for many years.

The School hosted the **Eleventh Invitational Conference on Assuring Quality and Access in Advanced Practice Nursing** in Istanbul, Turkey. Deans from schools of nursing and health policy experts attended, and work continued on the development of national certification exam eligibility and content for DNP graduates.

Attending the conference in Istanbul, Turkey (below), and the conference program (left).

Gifts & Grants

2006-2007

July 1, 2006 to June 30, 2007

Government and Private Funding for Research and Training

Principal Investigator: Joyce Anastasi, RN, PhD, LAc
Project Title: Acupuncture for Chronic Nausea in Patients with HIV: A RCT
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $675,453 Total Budget, 2005-2009: $2,573,867

Principal Investigator: Joyce Anastasi, RN, PhD, LAc
Project Title: Acupuncture for Chronic Nausea in Pts with HIV: A RCT
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $661,008 Total Budget, 2005-2009: $2,489,548

Principal Investigator: Joyce Anastasi, RN, PhD, LAc
Project Title: Acu/Moxa for Peripheral Neuropathy in Pts with HIV
Program Funding Source: National Institutes of Health, National Center for Complementary and Alternative Medicine
2006-2007 Budget: $234,825 Total Budget, 2005-2008: $632,595

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: Mobile Decision Support for Advanced Practice Nursing
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $318,363 Total Budget, 2005-2008: $953,519

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: Reducing Health Disparities Through Informatics
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $130,920 Total Budget, 2002-2007: $670,192

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: Improving Use of CIS in the Underserved Through Mobile Access & Decision Support
Program Funding Source: National Institutes of Health, National Cancer Institute
2006-2007 Budget: $197,248 Total Budget, 2006-2008. $360,327

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: APN Access to Electronic Resources for Safety & Quality
Program Funding Source: National Institutes of Health, National Library of Medicine
2006-2007 Budget: $85,000 Total Budget, 2006-2008. $170,000

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: Wireless Informatics Support for Evidence-based APN Care
Program Funding Source. Health Resources and Services Administration
2006-2007 Budget: $257,232 Total Budget, 2006-2009. $614,160

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: Center for Evidence-Based Practice in the Underserved
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $315,453 Total Budget, 2001-2007· $1,641,368

Center for Evidence-based Practice in the Underserved Year 6 Pilot Grants:

Principal Investigator: Leanne M. Currie, DNSc
Project Tit e: Evaluation of a Personal Digital Assistant for Fall-Injury Risk Assessment

Principal Investigator: Kathleen T. Hickey, ANP, FNP, EdD
Project Title: Feasibility of the CAT EKG Monitoring System in Elderly Hispanics at Risk for AF

Principal Investigator: Jacqueline Merrill, RN, MPH, DNSc (Associate Research Scientist, Department of Biomedical Informatics)
Project Title· Developing Network Analysis Report Templates for Use in Local Public Health

Principal Investigator: Arlene Smaldone, PNP, CDE, DNSc
Project Title: Developing Parenting Competence: Adaptation to Diabetes in Young Children

Principal Investigators: Penelope Buschman, CS, MSN; Marlene McHugh, FNP, MS and Anita Nirenberg, PNP, MS
Project Title: Creating an Educational Partnership in Palliative and End-of-Life Care
Program Funding Source: Glenda Garvey Teaching Academy of Columbia University
2006-2007 Budget: $17,500 Total Budget, 2006-2007: $17,50

Principal Investigator: Mary Woods Byrne, RN, PhD
Project Title. Maternal and Child Outcomes of a Prison Nursery Program
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $342,502 Total Budget, 2003-2007. $1,408,568

Principal Investigator: Mary Woods Byrne, RN, PhD
Project Title: Maternal and Child Outcomes of a Prison Nursery Program (Administrative Supplement for Underrepresented Minorities)
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $53,292 Total Budget, 2003-2007: $105,072

Principal Investigator· Bernadette Capili, NP-C, APRN, DNSc
Project Title: HIV, Lipids and Dietary Strategies
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $78,608 Total Budget, 2005-2007: $159,108

Principal Investigator: Bernadette Capili, NP-C, APRN, DNSc
Project Title: Herbert and Florence Irving Fellowship
Program Funding Source: Columbia University Medical Center's Clinical and Translational Science Award (Funded by the National Institutes of Health, National Center for Research Resources)
2007-2008 Budget: $40,000 Total Budget, 2007-2009: $80,000

Principal Investigator: Kristine M. Gebbie, RN, DrPH
Project Title: Bioterrorism Training and Curriculum Development Program (BTCDP)
Program Funding Source: Health Resources and Services Administration
2006-2007 Budget: $899,980 Total Budget, 2005-2008: $3,045,036

Principal Investigator: Kristine M. Gebbie, RN, DrPH
Project Title: National Training Strategy Continuing Education Partnership (BTCDP Supplement)
Program Funding Source: Health Resources and Services Administration
2006-2007 Budget: $488,790 Total Budget, 2006-2007: $488,790

Principal Investigator: Kristine M. Gebbie, RN, DrPH
Project Title: Strengthening Public Health Nursing in New York and New Jersey
Program Funding Source: Health Resources and Services Administration
2006-2007 Budget: $24,824 Total Budget, 2006-2007: $24,824

Principal Investigator: Kristine M. Gebbie, RN, DrPH
Project Title: A Comprehensive Assessment of Changes in State Public Health Laws: The Impact of the Turning Point Model State Public Health Act
Program Funding Source: Robert Wood Johnson Foundation
2006-2007 Budget: $198,541 Total Budget, 2005-2007: $198,541

Principal Investigator: Kathleen T. Hickey, ANP, FNP, EdD
Project Title: Utility of Trans Telephonic Monitoring in the Detection of Silent Arrhythmias
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $78,166 Total Budget, 2006-2008: $158,666

Principal Investigator: Kathleen T. Hickey, ANP, FNP, EdD
Project Title: REAL: Remote Electronic Arrhythmia Learning
Program Funding Source: Glenda Garvey Teaching Academy of Columbia University
2006-2007 Budget: $17,500 Total Budget, 2007-2009: $17,500

Principal Investigator: Judy Honig, CPNP, EdD, DrNP
Project Title: Advanced Education Training Traineeships
Program Funding Source: Health Resources and Services Administration
2006-2007 Budget: $121,947 Total Budget, 2006-2007: $121,947

Principal Investigator: Elaine Larson, RN, PhD
Project Title: Interdisciplinary Research on Antimicrobial Resistance
Program Funding Source: National Institutes of Health, National Center for Research Resources
2006-2007 Budget: $582,984 Total Budget, 2004-2007: $1,740,011

Center for Interdisciplinary Research in Antimicrobial Resistance Year 3 Pilot Grants:

Principal Investigator: Suzanne Bakken, RN, DNSc
Project Title: Development and Evaluation of an e-Portfolio for Documenting Interdisciplinary Research Competency Development

Principal Investigator: Lisa Saiman, MD (Professor of Clinical Pediatrics, Department of Pediatrics, Division of Infectious Diseases, Columbia University)
Project Title: A Pilot Study of an Educational Intervention to Improve Antimicrobial Prescribing Practices in the Neonatal ICU

Principal Investigator: Kristine M. Gebbie, RN, DrPH
Project Title: Public Health Law and State Reporting of Healthcare-Associated Infections

Principal Investigator: Elaine Larson, RN, PhD
Project Title: Stopping URIs and Flu in the Family: The Stuffy Trial
Program Funding Source: Centers for Disease Control and Prevention, National Center for Infectious Diseases
2006 2007 Budget: $1,101,931 Total Budget, 2006-2008: $2,003,491

Principal Investigator: Susan W. Ledlie, CPNP, PhD
Project Title: Self-Care in Youth with Perinatally-acquired HIV
Program Funding Source: National Institutes of Health, National Institute of Nursing Research
2006-2007 Budget: $235,825 Total Budget, 2005-2007: $437,075

Principal Investigator: Eileen Evanina, CRNA, MS
Project Title: Nurse Anesthetist Traineeship Grant
Program Funding Source: Health Resources and Services Administration
2006-2007 Budget: $17,623 Total Budget, 2006-2007: $17,623

Principal Investigator: Mary O. Mundinger, RN, DrPH
Project Title: Establishing Standards for the Clinical Doctorate in Nursing
Program Funding Source: Josiah Macy, Jr. Foundation
2006-2007 Budget: $253,667 Total Budget, 2005-2008: $948,052

Subcontract Principal Investigator: Anita Nirenberg, PNP, MS
Project Title: Long Island University-Brooklyn MBRS SCORE Program (Columbia University Subcontract)
Program Funding Source: National Institutes of Health, National Institute of General Medical Sciences

Principal Investigator: Patricia Stone, RN, PhD
Project Title: Jonas Nursing Excellence Through Evidence-Based Practice Program
Program Funding Source: Jonas Center for Nursing Excellence Grant award funded by Donald and Barbara Jonas with co-funding by 1199SEIU-United Healthcare Workers East
2006-2007 Budget: $112,500 Total Budget, 2006-2008: $225,000

Co-Principal Investigator: Patricia Stone, RN, PhD
Project Title: Human Capital in the Nursing Workforce and Its Impact on Patient Outcomes
Program Funding Source: Robert Wood Johnson Foundation
2006-2007 Budget: $118,000 Total Budget, 2005-2007: $236,000

July 1, 2006 to June 30, 2007

Gifts & Pledges for Special Purposes

$500,000 and up

Advancing the Quality of Heath Care Fund
Pfizer Inc

Doctor of Nursing Practice (DrNP) Credentialing Support Gift
Stavros S. Niarchos Foundation

$100,000 to $499,999

Advancing the Quality of Health Care Fund
Mary Dickey Lindsay '45
The Pfizer Foundation, Inc.

Arthur Vining Davis DRNP Fellowships
Arthur Vining Davis Foundations

Establishing Standards for the Clinical Doctorate in Nursing
The Josiah Macy, Jr. Foundation

William Randolph Hearst Scholarship Endowment Fund
William Randolph Hearst Foundation

Nursing Excellence Through Evidence-Based Practice Program
Jonas Center for Nursing Excellence through the Barbara and Donald Jonas Family Fund

Rose Nadler Schefer Memorial Scholarship Endowment Fund
Phyllis Schefer

Scholarships in Memory of Dean Helen Pettit for Undergraduate Nursing Students
Scholarships in Memory of May Rudin for Undergraduate Nursing Students
Scholarships for Oncology Students
The Louis and Rachel Rudin Foundation

Carmen Sharp Endowment Fund
Estate of Carmen Sharp

$50,000 to $99,999

Nancy Hart Markgraf '55 Scholarship Endowment Fund
J. Hodge Markgraf

Dorothy Reid Rondthaler '29 Scholarship Endowment Fund
Edward Rondthaler, Sr.

$25,000 to $49,999

Advancing the Quality of Health Care Fund
The Saw Mill Fund, Inc.

Amgen Graduate Oncology Scholarship
Amgen, Inc.

Frueauff Scholarship Endowment Fund
Charles A. Frueauff Foundation, Inc.

Housing Assistance for Women Students
LCU Foundation

Walter H.D. Killough Scholarship Endowment Fund
Walter H.D. Killough Trust

Lincoln Fund Nursing Scholarships for Minority Students
The Lincoln Fund

Harriet Walters Sullivan Scholarship Endowment Fund
Harriet Walters Sullivan '53

Universal Patient Simulator Purchase
Hugoton Foundation

$10,000 to $24,999

Advancing the Quality of Health Care Fund
Anonymous

Specialized Equipment Purchase
The Hyde and Watson Foundation

Helena Rubinstein Foundation Scholarship
Helena Rubinstein Foundation, Inc.

Oliver S. and Jennie R. Donaldson Scholarship for Oncology Nursing Students
Oliver S. and Jennie R. Donaldson Charitable Trust

$5,000 to $9,999

Advancing the Quality of Health Care Fund
Laura Pearson Armstrong '85
Marjorie Harrison Fleming '69 and Richard E. Fleming, Jr.
Eileen Kane Montano '64

Devonwood Foundation Endowment
Devonwood Foundation

Richard D. Frisbee III Foundation Scholarship for Pediatric Oncology Students
The Richard D. Frisbee III Foundation Trust

Dorothy Rogers Professorship of Clinical Nursing Endowment
The Dorothy A. Metcalf Foundation

Jacqueline M. Webb '83 Nursing Scholarship Endowment Fund
Estate of Jacqueline M. Webb '83

Jasper Kane Family Memorial Scholarship Fund
Eileen Kane Montano '64

$1,000 to $4,999

Nancy Hart Markgraf '55 Scholarship Endowment Fund
Roger C. Corwin
George and Dorothy Simpson Dorion '57

Josephine G. Sapp Student Scholarship Fund
Jennifer A. Smith '05

Scholarship in Memory of Lore Mendelsohn for Palliative and End-of-Life Care Subspecialty Students
Paul R. Mendelsohn and Family

up to $999

Advancing the Quality of Health Care Fund
Estate of Mary Louise Sanchez Davis '33

Ines DeBaun Berndt '51 Nursing Scholarship Endowment Fund
Vincent C. DeBaun

Elizabeth Gill Scholarship Fund
Ann Becker Finein '54

July 1, 2006 to June 30, 2007

Annual Fund Gift List

Nancy Hart Markgraf '55 Scholarship Endowment Fund
Frederick F. and Joan O. Avery
Bob and Arlene Blum
Jerauld and Mary Glasgow
Bryan Gurney
Dorothea R. Hanson
Nathan H. and Jean C. Hart
Rodameir Duncan Hatala
Barbara and Kenneth Heekin
Andrew D. Heineman
Richard R. Jeffrey
Elizabeth Laino
Chester K. Lasell
Galeb and Christine F. Maher
J.F. Manning
Nancy Rossbach McShane
Cynthia M. Powell
E. Howland Swift
Priscilla S. and John M. Taylor
Robert and Nancy Trone
William G. Wagner
Betsy Markgraf Waring and Family

Psychiatric/Mental Health Scholarship
Penelope Buschman Gemma '64
Belinda Kotin '03
Catherine Mary Lala '99

Josephine G. Sapp '06 Student Scholarship Fund
Jeanne Churchill
Stephanie Estala '06
Jill Gallin '96, '97
Kristine Gebbie
Rita Marie John '05
Elaine L. Larson
Anita Nirenberg '96
Anne G. Peirce
Cheryl Pensiero '02
Nancy King Reame
Arlene Merne Smaldone '03
Joanne Staats '82
Patricia Williams Stone
Laura Zeidenstein '05

Nightingale Society

$5,000 and up

Donors to the Nightingale Society will have a scholarship awarded in their name, or in the name of a designee, at the annual School of Nursing Scholarship Reception in October.

$25,000 and over

Mary Dickey Lindsay '45 *
Joan Tompkins Wheeler '46 *

$10,000 to $24,999

Anonymous
Joan Seaburgh Puydak '56 *
Richard D. Simmons *

$5,000 to $9,999

Kate Wilbur Amsden '41 *
Laura Pearson Armstrong '85 *
Ellen Gottesman Garber '76
Lenore Frank Hardy '56
Elizabeth Gross Kirkpatrick '45 *
Kathleen McCooe Nilles '89
Marguerite Lorey Peoples '57

Maxwell Society

$2,500 to $4,999

Nancy Sloane Coates '44 *
Sarah Sheets Cook '05 ^ *
Dorothy Simpson Dorion '57 *
Ethyl Rathbun Grady Living Trust
Laura Mae Schwartz Hirshman '59 *

Neighbor's Circle

$1,000 to $2,499

Amy Cohen Ansehl '94, '96
Jean Lagakis Benner '42 *
Eileen Elisa Coelus '82
Angela Clarke Duff '70
Elizabeth Miller Greene '43
Edna Fishburn Halstead '53
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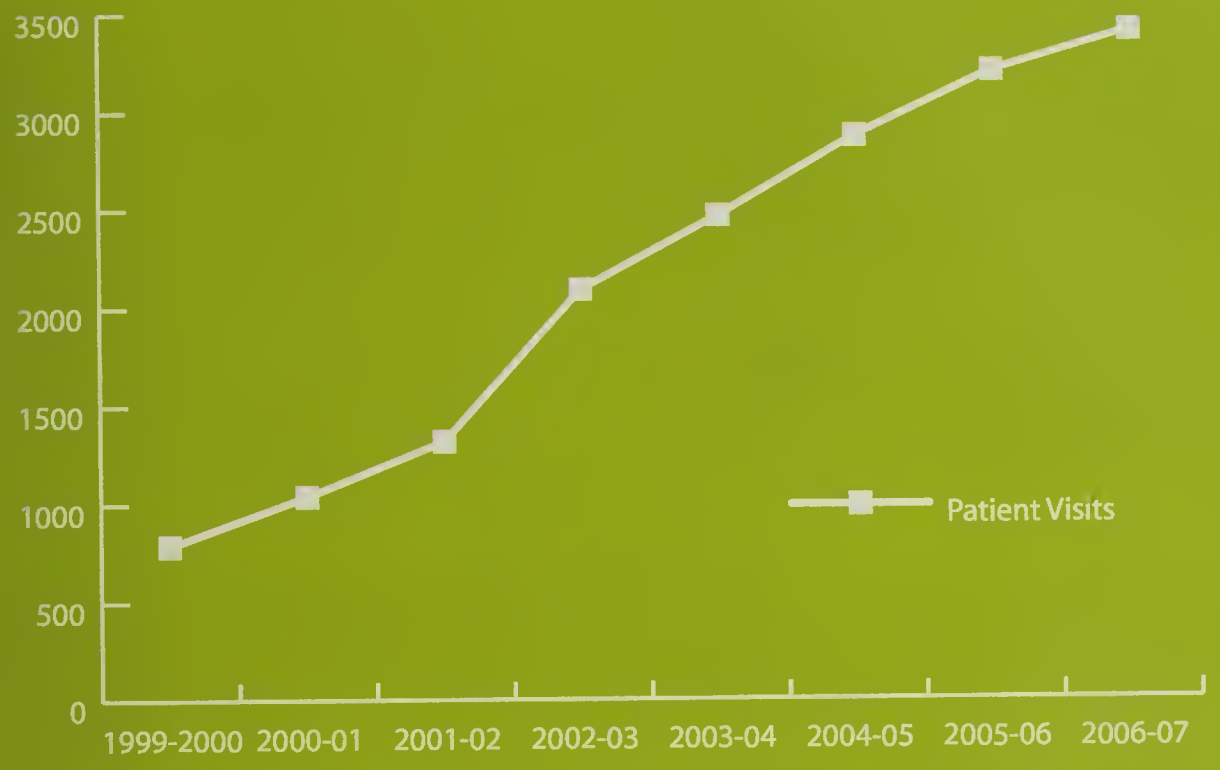

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Tuition and Fees	$16,308	$18,952
Sponsored Projects	4,369	6,490
Gifts	1,429	783
Endowment Income	2,082	2,352
Faculty Practice	586	717
Other	627	823
Total	**$25,401**	**$30,117**

Expenses	**July 2005-June 2006**	**July 2006-June 2007**
Personnel	46%	48%
Financial Aid	18%	17%
Overhead	36%	35%

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